

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO	DEP	NO	DEP	NO	DEP
1					
2					
3					
4					
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50					
TOTAL NO	2				
TOTAL DEP	35				
TOTAL CLAIMS	37				

NO		DEP		NO		DEP		NO		DEP	
51											
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98											
99											
100											
TOTAL NO											
TOTAL DEP											
TOTAL CLAIMS											

FORM 875-1 (REV. 10-1-80) PTO FORM 875-1